

RECEIVED
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2006 FEB -6 A 8:03

January 25, 2006

**Tyler
Cooper**

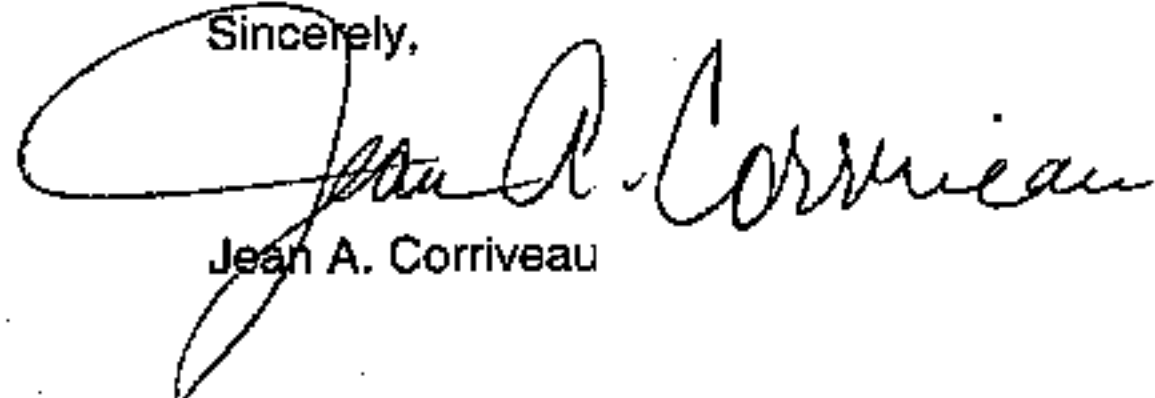
Federal Election Commission
999 E Street N.W.
Washington, DC 20463

Re: Political Action Committee Filing for January 31, 2006

Dear Sir/Madam:

Enclosed is the "Tyler Cooper & Alcorn, LLP – Political Action Committee" filing for the period ending 12-31-05. If you have any questions concerning this report, please do not hesitate to call.

Sincerely,



Jean A. Corriveau

JAC/
Enclosures

Jean A. Corriveau

Director of Accounting

Tyler Cooper & Alcorn, LLP

205 Church Street

P. O. Box 1936

New Haven, CT 06509-0906

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Fax: 203.777.1181

jcorriveau@tylercooper.com

www.tylercooper.com

20038981742

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 FEB -6 A 8:03
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

TYLER COOPER & ALCORN, LLP POLITICAL ACTION
COMMITTEE

ADDRESS (number and street)

1205 CHURCH STREET



Check if different
than previously
reported. (ACC)

NEW HAVEN

CT

06509

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☒ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

12 / 01 / 2005

In the
State of

CT

(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

12 / 01 / 2005

In the
State of

CT

5. Covering Period

01 / 01 / 2005

through

12 / 31 / 2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Harold A. Cort

Signature of Treasurer

Harold A. Cort

Date

01 / 23 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Tyler Cooper & Alcorn, LLP - Political Action Committee

Report Covering the Period:

From:

07 01 2005

To:

12 31 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2006</u>		<u>685.000</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>685.000</u>	
(c) Total Receipts (from Line 19)		
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....		
7. Total Disbursements (from Line 31).....	<u>3500.00</u>	<u>3500.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>3350.00</u>	<u>3350.00</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

Page 3

Write or Type Committee Name
Tyler Cooper & Alcorn, LLP Political Action Committee

12 31 2005

COLUMN B
Calendar Year-to-Date

- 20. Total Federal Receipts**
(subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal
Activity (from Schedule H4)

(i) Federal Share

(ii) Non-Federal Share.....

(b) Other Federal Operating
Expenditures

(c) Total Operating Expenditures
(add 21(a)(i), (a)(ii), and (b))

22. Transfers to Affiliated/Other Party
Committees.....

23. Contributions to
Federal Candidates/Committees
and Other Political Committees.....

24. Independent Expenditures
(use Schedule E)

25. Coordinated Party Expenditures
(2 U.S.C. §441a(d))
(use Schedule F)

26. Loan Repayments Made.....

27. Loans Made.....

28. Refunds of Contributions To:
(a) Individuals/Persons Other
Than Political Committees

(b) Political Party Committees

(c) Other Political Committees
(such as PACs).....

(d) Total Contribution Refunds
(add Lines 28(a), (b), and (c)).....

29. Other Disbursements

30. Federal Election Activity (2 U.S.C. §431(20))

(a) Allocated Federal Election Activity
(from Schedule H6)
(i) Federal Share

(ii) "Levin" Share

(b) Federal Election Activity Paid Entirely
With Federal Funds

(c) Total Federal Election Activity (add ...
Lines 30(a)(i), 30(a)(ii) and 30(b))....

31. Total Disbursements (add Lines 21(c), 22,
23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

32. Total Federal Disbursements
(subtract Line 21(a)(ii) and Line 30(a)(ii)
from Line 31).....

3500.00

3500.00

3500.00

3500.00

3500.00

3500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)		
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶		

26038981747

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Tyler Cooper & Alcorn, LLP - Political Action Committee

Full Name (Last, First, Middle Initial)

A. *Friends of Joe Lieberman*

Mailing Address

P.O. Box 231294 St House Square

City *Hartford* State *CT* Zip Code *06123*

Purpose of Disbursement

Candidate Name

Joe Lieberman

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) *▼*

State:

District:

Date of Disbursement

09 / 16 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. *DeStefano for Connecticut*

Mailing Address

P.O. Box 520

City *New Haven* State *CT* Zip Code *06503*

Purpose of Disbursement

Candidate Name

John DeStefano

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) *▼*

State:

District:

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) *▼*

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

3500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3500.00

3500.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		Date of Receipt Amount of Each Receipt this Period
B. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		Date of Receipt Amount of Each Receipt this Period
C. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		Date of Receipt Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional).....		
TOTAL This Period (last page this line number only).....		

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- ☐ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div>	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan <div style="border: 1px solid black; height: 20px;"></div>	Interest Rate (APR) <div style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></div> %	
Mailing Address	Date Incurred or Established <div style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 120px; height: 20px;"></div>	Date Due <div style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 120px; height: 20px;"></div>	
City	State	Zip Code	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 120px; height: 20px;"></div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; display: inline-block; width: 250px; height: 20px;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; display: inline-block; width: 250px; height: 20px;"></div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; display: inline-block; width: 250px; height: 20px;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; display: inline-block; width: 250px; height: 20px;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 120px; height: 20px;"></div>		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE <div style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 120px; height: 20px;"></div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 120px; height: 20px;"></div>	
Title			

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE OF
FOR LINE NUMBER:
(check only one) ☐ 9
☐ 10

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....▶

2) TOTALS This Period (last page this line number only).....▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE _____ OF _____
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full)				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:		Full Name of Subordinate Committee			
		Mailing Address			
		City		State ZIP Code	
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		<div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; font-size: small;">Category/ Type</div>	
Mailing Address		Date MM / DD / YYYY		Amount <div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; font-size: small;">Limit Raised Due to Opponent's Spend- ing (2 U.S.C. §441a(i)/441a-1)</div>	
City State Zip Code		Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:			
Aggregate General Election Expenditure for this Candidate ▶		Amount <div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; font-size: small;">Limit Raised Due to Opponent's Spend- ing (2 U.S.C. §441a(i)/441a-1)</div>			
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		<div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; font-size: small;">Category/ Type</div>	
Mailing Address		Date MM / DD / YYYY		Amount <div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; font-size: small;">Limit Raised Due to Opponent's Spend- ing (2 U.S.C. §441a(i)/441a-1)</div>	
City State Zip Code		Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:			
Aggregate General Election Expenditure for this Candidate ▶		Amount <div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; font-size: small;">Limit Raised Due to Opponent's Spend- ing (2 U.S.C. §441a(i)/441a-1)</div>			
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		<div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; font-size: small;">Category/ Type</div>	
Mailing Address		Date MM / DD / YYYY		Amount <div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; font-size: small;">Limit Raised Due to Opponent's Spend- ing (2 U.S.C. §441a(i)/441a-1)</div>	
City State Zip Code		Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:			
Aggregate General Election Expenditure for this Candidate ▶		Amount <div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; font-size: small;">Limit Raised Due to Opponent's Spend- ing (2 U.S.C. §441a(i)/441a-1)</div>			
SUBTOTAL of Expenditures This Page (optional).....▶		<div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; font-size: small;">Limit Raised Due to Opponent's Spend- ing (2 U.S.C. §441a(i)/441a-1)</div>			
TOTAL This Period (last page this line number only).....▶		<div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; font-size: small;">Limit Raised Due to Opponent's Spend- ing (2 U.S.C. §441a(i)/441a-1)</div>			

Federal Election Commission ✓
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>1/26/06</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>for</i> PREPARER	<i>2/6/06</i> DATE PREPARED

(3/2005)

26038981754